

## PLANNING & DEVELOPMENT SERVICES DEPARTMENT 10 North Bemiston Avenue, Clayton, Missouri 63105 (314) 290-8463 • FAX (314) 863-0296

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## APPLICATION FOR COMMERCIAL OCCUPANCY PERMIT

Permit# CO		

## PERMIT and INSPECTION FEE \$120.00 TEMPORARY OCCUPANCY PERMITS \$240.00 (Includes Temporary and Final Inspections)

## IF OCCUPIED PRIOR TO INSPECTION APPROVAL - \$210.00

Section 112.3 of the Property Maintenance Code, as amended, adopted by the City of Clayton requires the issuance of an occupancy permit prior to the occupancy o
any non-residential building and provides penalties for non-compliance Section 105.3.3 of the International Fire Code, as amended, adopted by the City of Clayton
requires that a building, structure or portion thereof, shall not be used or occupied in whole or in part until all fire protection devices and equipment protecting the
huilding structure or notion to be occupied have been approved by the code official

building,	, structure or portion to be occupied, ha	ave been approved by the code official.		
Applic	ants Name			
Applic	ants Phone ()	E-Mail		
Name	of Proposed Business			
Nature	e of Proposed Business			
Date o	of proposed occupancy	(Required)		
	DEPARTMENT TO	TY OF THE APPLICANT TO CONTACT TO ARRANGE AN APPOINTMENT FOR THE ISPECTOR 314-290-8454 / ASSISTANT	HE NECESSARY	INSPECTIONS
Locati	ion of Proposed Business:			
NO	Street	S	Suite/Unit	Floor/Level
	Total Square Footage		_ # of Bathrooms	,
	Describe Additional Space	e That This Occupancy Includes (basement, st	torage areas, etc.)	
	Does This Space Contain:	Sprinkler System ( )Yes( )No	Fire Alarm Sy	/stem ( ) Yes ( ) No
Has O	wner Approval For This Occi	supancy Been Obtained? ( ) Yes (	) No	
Buildir	ng/Property Owner Name			
Buildir	ng/Property Owner Phone			
• An	cilities, additional permits and plans ny occupancy involving the prepara ibmitted to the St. Louis County Hea	ork, installing or removing walls or partitions, add s may be required. ration or dispensing of food must be approved by ealth Department in conjunction with this application is Licenses please contact the City of Clayton Finar	y the St. Louis County on.	ty Health Department. Plans must be
I HERE	EBY CERTIFY THE ABOVE INF	FORMATION IS CORRECT		
Applica	ants Signature			Date
Please	e Print Name			
		FOR OFFICE USE ONLY		
PAYME	NT: Amount Paid:		10R00002600000 \$	10R00002630000 \$

FOR OFFICE USE ONLY							
PAYMENT: Amount Paid:	Cash / Check #	/ Charge 10R00002600000 \$10R00002630000 \$					
Copy forwarded to Fire Department	( ) Yes ( ) No BY	DATE					
Copy forwarded to Planning Department	( ) Yes ( ) No BY	DATE					
Zoning Review Approved	( )Yes ( )No BY	DATE					
Fire Department Approved	( ) Yes ( ) No BY	DATE					
Building Division Approval – Issue Permit	( ) Yes ( ) No BY	DATE					
Temporary Occupancy Approved	( ) Yes ( ) No BY	DATE					